

<b>Case Number:</b>	CM14-0117913		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/01/1998
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in New York and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62 year old female whose date of injury is 11/01/1998. The injured worker was reaching for freight on the back of a pallet and felt pain and decreased range of motion. Treatment to date includes medication management, wrist splinting and individual psychotherapy. The injured worker has completed a 6 week course of HELP program concluding on 11/27/13. Post-program progress was limited by subsequent appendectomy on 03/15/14 as well as multiple hospitalizations for umbilical hernia.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**HELP Program Remote Care time six (6) months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Program (functional restoration program) Page(s): 30-32.

**Decision rationale:** Based on the clinical information provided, the request for HELP program remote care times six months is not recommended as medically necessary. The injured worker's date of injury is over 15 years old. The injured worker has previously completed the HELP

program with limited progress documented. CA MTUS guidelines note that functional restoration programs should generally not exceed 20 full day sessions. The request for six months of remote care is excessive and not supported by CA MTUS guidelines.

**Interdisciplinary re-assessment for the following specialties: medical, psychological and physical therapy.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, page 127.

**Decision rationale:** Based on the clinical information provided, the request for interdisciplinary reassessment for the following specialties: medical, psychological, and physical therapy is not recommended as medically necessary. Given that the concurrent request for HELP program remote care has been deemed as not medically necessary, the medical necessity for interdisciplinary reassessment can likewise not be established.